

## City of Falls Church Department of Housing & Human Services AFFORDABLE DWELLING UNIT (ADU) RENTAL PROGRAM **CONSENT & RELEASE FORM**

300 Park Avenue 102W, Falls Church, VA 22046 Office Hours: 8am - 5pm; Monday - Friday

Tel: 703-248-5005, TTY 711 Fax: 703-248-5149

Email: HHSInfo@FallsChurchVA.gov Website: www.fallschurchva.gov/HHS

I				, authorize Hou	, authorize Housing & Human Services for the City of Falls		
	(Print Full Name)				_		
Church	to obtain	information	n about me and my household that is pe	rtinent to eligibility for pa	rticipation in the ADU F	Program	
Applicant's Address				City	State	Zip Code	
Applicar	nt's Date	of Birth					
			Inquiries may be made	about items mention	ed below:		
	Yes	No	0	ther:			
			Application Information				
			Financial Information				
			Benefits/Services Needed, Planned and/or Received				
			or one year from the date of signature, u the date of signature.	nless the individual spec	ifies an expiration date	, event or condition that will	
has be	en share	d, and wh	photocopy of this form is as valid as ty, when, and with whom it was share agency individually to give them info	ed, (3) If I do not sign t	his form, information		
			signature		Date		

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5005, (TTY 711)